EPA				United States Environmental Protection Agency Washington, DC 20460						Work Assignment Number 4-18				
				Work Assignment					Other Amendment Number:					
Contract Number Contract Period 11/19/2009 To 09/19/201									Title of Wor	k Assianı	ment/SF Site Nan			
EP-W-1	0-00	2		11/13/2003 03/13/2011					Lean Government Support					
Contractor Base Option Period Number 4 Specify Section and paragraph														
INDUSTRIAL ECONOMICS, INCORPORATED Pg. 12-13, para. 4														
Purpose:		X Work Assi	gnment	Work Assig			t Close-Out	Period of I	Period of Performance					
Work Assignment Am				ment	F	Incremental Fund								
		Work Plan							From 09/20/2013 To 10/31/2013					
Comments: The purpose of this action is to initiate Work Assignment (WA) 4-18 which continues but does not duplicate work previously performed under WA 3-18. The contractor must submit a work plan and detailed cost estimate in accordance with the contract.														
Superfund Accounting and Appropriations Data								<u></u>			Х	Non-Superfund		
Note: To report additional accounting and appropriations date use EPA For									00-69A.					
SFO (Max 2)														
~	OCN lax 6)	Budget/FY (Max 4)	Appropriati Code (Max			Program Elemen (Max 9)	t Object Class (Max 4)	Amount (I	Dollars)	(Cents)	Site/Project (Max 8)	Cost Org/Code (Max 7)		
1														
2														
3									-					
4														
5														
					Auth	orized Work As	signment Ceilir	ng			•			
Contract Period: Cost/Fee:									:					
11/19/2009 To 09/19/2014														
This Action	1:													
	_											-		
Total:					\\/o	d Dian / Cost E	timata Annray	olo						
Work Plan / Cost Estimate Approvals Contractor WP Dated: Cost/Fee:									<u> </u>					
Cumulative Approved:				Cost/Fee:					LOE:					
Work Assignment Manager Name Kimberly Green-Goldsborough														
Work Assig	nment M	lanager Name	Kimberly	/ Green-Go	oldsbo	orough			Branch/Mail Code:					
									Phone Number 202-566-2355					
(Signature) (Date)									FAX Number:					
Project Officer Name Cheryl R. Brown									Branch/Mail Code:					
										Phone Number: 202-566-0940				
	(Signature) (Date)									FAX Number:				
Other Age	ncy Offic	ial Name						Bra	Branch/Mail Code:					
									one Number:					
(Signature) (Date)									FAX Number:					
Contracting Official Name Stefan Martiyan									Branch/Mail Code:					
									Phone Number: 202-564-1987					
	(Signature) (Date)									FAX Number:				